



## EFT Change Notification

**EFT Program**  
**EFT CHANGE NOTIFICATION**  
**P.O. Box 1114**  
**Richmond, VA 23218-1114**  
**Fax (804) 367-2603**  
**Phone (804) 367-8037**

Use this form for reporting changes to EFT information. **Please read the EFT Change Notification Instructions before completing this form.** Mail the completed form to the address above. *(Do not use this form to report changes to your business name, address, etc. Request Form R-3, Registration Change Request, by calling the number or writing to the address above.)*

Legal Name of Business/Organization: \_\_\_\_\_  
 Primary EFT Contact: \_\_\_\_\_  
 Check here if new contact ☐ Telephone # (     ) \_\_\_\_\_ - \_\_\_\_\_

### ACH DEBIT FILERS: CHANGE TO DEBIT/ CHANGE BANK INFORMATION/ ADD TAXES to EFT

Type of Change	Tax Type	Account Number (s)	Bank Account Number(s)	✓ to indicate Account Type	Bank Routing & Transit Number(s)
New Debit Account <input type="checkbox"/> New Bank Account <input type="checkbox"/>	Withholding	(VA Tax Account Number) <u>1)</u> (Federal ID Number - FEIN) <u>2)</u>		Checking <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/>	_____ _____
New Debit Account <input type="checkbox"/> New Bank Account <input type="checkbox"/>	Corporation	(VA Tax Account Number) <u>1)</u> (Federal ID Number - FEIN) <u>2)</u>		Checking <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/>	_____ _____
New Debit Account <input type="checkbox"/> New Bank Account <input type="checkbox"/>	Sales & Use	(VA Tax Account Number) <u>1)</u> (Federal ID Number - FEIN) <u>2)</u>		Checking <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/>	_____ _____

**OTHER CHANGE** (Please be specific.)


*By signing this form, I agree that I am responsible for accounting for and paying over the required taxes and that I will notify the Department of Taxation in the event that I am no longer responsible for accounting for and paying over the required taxes. My signature certifies that I understand the Electronic Funds transfer process; that I agree to file the tax payments designated above using EFT as outlined in the Electronic Payment Guide and that I will continue to make my tax payments to the Commonwealth of Virginia as described in Title 58.1 of the Code of VA.*

Print Name of Business Owner/Partner/Officer

Signature of Business Owner/Partner/Officer

Date

FAX the form and a voided check(s), if applicable, to (804) 367-2603 **OR** make a copy of the form for your records and mail the original document(s) to:

Virginia Department of Taxation  
P.O. Box 1114  
Richmond, Virginia 23218-1114

## EFT Change Notification Instructions

### **PLEASE PRINT OR TYPE ALL INFORMATION EXCEPT SIGNATURES.**

**NOTES:** *This form is for reporting changes to ACH Debit EFT information only. Obtain Form R-3, Registration Change form for changes to your business name/address or to register additional taxes, etc.*

*You must already be registered with the Tax Department for the tax being paid by EFT.*

***If you file by ACH Credit***, you do not need to advise us of changes to your bank or bank account information (unless you are changing to ACH Debit). However, you and your bank are responsible for ensuring tax payments continue to be made on time, regardless of bank changes.

1. Enter the Legal Name of the business/organization.
2. Enter the name and telephone number of the Primary EFT contact and enter a ✓ if it is a new name/telephone number.
3. If you are changing from the ACH Credit payment method to the ACH Debit payment method, changing banking information, or adding additional taxes to an existing ACH Debit account, complete the ACH DEBIT FILERS section.

Attach a voided **check** (**NOT A DEPOSIT SLIP**) from your bank account.

4. If you are changing from the ACH DEBIT payment method to the ACH CREDIT payment method you do not need to notify us. For banking information for ACH Credit transactions, see page 6 of this Electronic Payment Guide.

**CAUTION:** Before changing from ACH Debit to ACH Credit payment method, check with your bank representative to ensure that the capability exists for initiating ACH Credits in the CCD+TXP format. (CCD+TXP is the file format standard set by the National Automated Clearinghouse Association NACHA.) This format is the only acceptable format for the Tax Department's bank. If your bank cannot use the CCD+TXP format, do not submit this form. You must continue to make your payments by ACH Debit or you must use a bank that accepts this format.

5. If you are changing any other information about your EFT account that cannot be explained in the ACH DEBIT filer section, such as a change in responsible officer/partner of the business, complete the "OTHER" section. Be specific when describing your change(s).
6. Print or type the name of an Owner, Partner, Officer or other person responsible for the business. The form **must** be signed and dated by an owner, partner, officer, or other person responsible for the business; not signed by an agent of the business (i.e. hired bookkeeper).
7. Send or fax the form to the address/number noted at the bottom of the page 2 of the change form.